

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2016
NAME OF PROVIDER OR SUPPLIER PARKTON PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1165 WEST PARKTON TOBEMORY RD PARKTON, NC 28371		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of a Biennial Survey by Billy S. Bryant conducted on 08/10/2016. Records indicate this facility was first licensed on 02/01/2016. The facility is currently licensed for 82 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1967 Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1971 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on interview with the staff the current sanitation and building inspection reports were not available for review. Finding on 08/10/2016: a. The staff could not produce the most recent fire inspection, building sanitation inspection, kitchen sanitation inspection or fire alarm system inspection reports while the surveyor was on site.	C 111		
C 133	Bathrooms-Hand Grips	C 133		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2016
NAME OF PROVIDER OR SUPPLIER PARKTON PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1165 WEST PARKTON TOBEMORY RD PARKTON, NC 28371		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 133	Continued From page 1 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation the hand grips were not installed in the location required. Finding on 08/10/2016: a. Bath #9 - The 3 sided tub does not have a grab bar installed for the tub.	C 133		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation the corridors were not kept free from obstructions. Findings on 08/10/2016: a. Middle Hall Short Corridor - The emergency exit door path of egress was blocked by soiled laundry carts. Note: Corrected while the surveyor was on site. b. Laundry - The emergency exit door path of egress was blocked by soiled laundry tubs Note: Corrected while the surveyor was on site.	C 150		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2016
NAME OF PROVIDER OR SUPPLIER PARKTON PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1165 WEST PARKTON TOBEMORY RD PARKTON, NC 28371		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on conservation the facility did not have furniture/furnishings clean and kept in good repair. Bedroom furnishings throughout the facility should be checked and repaired as needed.</p> <p>Findings on 08/10/2016: a. Back Hall TV Room - The fabric covered couches are heavily soiled, especially the cushions.</p> <p>b. Room #23 - The mattress cover is ripped, and one bed frame does not have a mattress and the stand is damaged.</p> <p>c. Room #32 - The dresser and night stand drawers are missing their pulls (knobs).</p> <p>d. Room #33 - There are no curtains or blinds on the exterior wall window.</p> <p>e. Room # 33, #37, #42 - There are two beds and one bed frame does not have a mattress.</p> <p>f. Room #37 - The dresser drawers are missing their pulls (knobs).</p> <p>g. Room #38 - The dresser is missing a drawer.</p>	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2016
NAME OF PROVIDER OR SUPPLIER PARKTON PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1165 WEST PARKTON TOBEMORY RD PARKTON, NC 28371		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 164	<p>Continued From page 3</p> <p>h. Room #38 - One of the bed frame's caster wheels is missing.</p> <p>i. Resident Shared Bathrooms - Throughout the facility the towel racks are damaged or are detaching from the walls.</p> <p>2. Based on observation the facility does not have ceilings kept in good repair.</p> <p>Findings on 08/10/2016:</p> <p>a. Smoking Porch - The drywall ceiling is completely separated at a joint.</p> <p>b. Shower Room #4 - The ceiling needs repair around the shower stall light.</p> <p>c. Room #35 - The ceiling finish material is damaged.</p> <p>d. Room #4 - The finish material is peeling away from the drywall ceiling.</p> <p>e. Soiled Linen/Hopper Room - The ceiling has been damaged by fire, the ceiling is completely covered with soot and some of the ceiling finish has fallen off the ceiling.</p> <p>f. Kitchen - At the rear of the kitchen the ceiling panels are sagging due to moisture damage from a prior water leak.</p> <p>3. Based on observation the facility does not have walls kept in good repair.</p> <p>Findings on 08/10/2016:</p> <p>a. Back Corridor Wall - The window glass and frame for the interior corridor wall that separates the TV room is missing.</p>	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2016
NAME OF PROVIDER OR SUPPLIER PARKTON PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1165 WEST PARKTON TOBEMORY RD PARKTON, NC 28371		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 164	Continued From page 4 b. Walls - Exit door to exterior is damaged. c. Bath #4 - The bottom of the shower stall wall is moisture damaged and moldy. d. Room #8 - The paint is peeling off the ceramic tile in the resident bathroom. e. Bath #31 - The paint on the bathroom walls is peeling and the shower stall wall is in need of repair. f. Dining - A sharp edge is exposed due to the corner of one of the wainscoat metal panels being detached from the wall. g. Bath #31 - The door to the corridor is damaged. h. Room #33 - The closet door does not have latching hardware and the door knob is missing i. Room #39 - The wood door stile is split at the latch plate and bolt. j. Temporary Med Room - The wood door stile is damaged at the latch plate and bolt. k. Temporary Med Room - There is no door latching hardware and the door knob is missing, the door jamb latch strike plate is missing. l. Med Room - The door jamb latch strike plate is missing. m. Room #32 - Corridor door hits frame and will not close and latch. n. Room #26 - The bottom of the door drags on	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2016
NAME OF PROVIDER OR SUPPLIER PARKTON PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1165 WEST PARKTON TOBEMORY RD PARKTON, NC 28371		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 164	<p>Continued From page 5</p> <p>the floor making it difficult to close and is damaging the floor tiles.</p> <p>o. Main Entrance and Smoking Porch - The door is scuffed, scratched, marred and is rusting where the paint is missing and the bare metal has been exposed to the elements.</p> <p>p. Smoking Porch - The spring loaded chain bolt does not operate properly and prevents the door from being completely closed.</p> <p>4. Based on observation the facility does not have floors kept clean and in good repair.</p> <p>Findings on 08/10/2016:</p> <p>a. Throughout the facility the floors in the rooms and corridors require cleaning. There is built up grime and wax residue has accumulated at the bottom of the door frames</p> <p>b. Facility Common Baths - The self adhesive non-slip floor strips in the bathrooms are peeling up at the edges and present a tripping hazard.</p> <p>c. Facility Common Baths - The painted finish on the shower stall floors is peeling and wearing away.</p> <p>d. Front Hall - The floor under the water cooler has been repaired and is uneven and does not have a floor finish material installed.</p> <p>e. Back Hall, TV Room - A section of the floor base is missing.</p> <p>5. Based on observation there is a strong unpleasant odor present.</p> <p>Finding on 08/10/2016:</p>	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2016
NAME OF PROVIDER OR SUPPLIER PARKTON PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1165 WEST PARKTON TOBEMORY RD PARKTON, NC 28371		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 164	Continued From page 6 a. Room #2 - There is a strong urine odor throughout the room.	C 164		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on interview with the staff a record of the past 12 months fire and evacuation drills were not available for review. Finding on 08/10/2016: a. The staff could not provide the surveyor with fire drill/evacuation drill records for review.	C 185		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2016
NAME OF PROVIDER OR SUPPLIER PARKTON PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1165 WEST PARKTON TOBEMORY RD PARKTON, NC 28371		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 7</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on interview with the staff the fire alarm system could not be tested, therefore; it could not be determined is the fire alarm system was maintained in a safe operating condition.</p> <p>Finding on 08/10/2016:</p> <p>a. When requested by the surveyor the staff could not operate the fire alarm panel in order to conduct a test of the system.</p> <p>1. Based on observation the building fire safety equipment is not maintained in safe operating condition.</p> <p>Findings on 08/10/2016:</p> <p>a. Smoking Porch - The exit light at the emergency exit door does not work.</p> <p>b. There is no record of the monthly checks of the fire extinguishers being performed.</p> <p>c. Room # 30 - The heat detector is covered with spray-on ceiling finish material.</p> <p>d. Maintenance Room - There is a large gap in the fire resistant rated ceiling around the exhaust fan.</p> <p>e. Front Hall - The emergency exit light adjacent to room #4 is not working.</p> <p>2. Based on observation the electrical equipment in the facility is not maintained in good repair and operating condition.</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2016
NAME OF PROVIDER OR SUPPLIER PARKTON PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1165 WEST PARKTON TOBEMORY RD PARKTON, NC 28371		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 8 Findings on 08/10/2016: a. Resident Rooms - The majority of the lights above the resident beds are missing bulbs, or globes, or do not work. b. Room #23 - The overhead fluorescent ceiling light fixture is missing the tubes, ballast and lens. c. Room #29 - There is an electrical power outlet missing its cover plate. d. Room #32 - The light lens is broken. e. Middle Hall Electrical Room - Access to the electrical panels is obstructed by stored items. f. Middle Hall Electrical Room - There is a control box without a cover exposing live electrical wiring coming from an electrical breaker panel. g. Med Room - There is no electrical power in the med room. h. Bath Adjacent to Med Room - There is no electrical power in the room. i. Housekeeping Closet Adjacent to Med Room - There is no electrical power in the room. j. Corridor Outside the Med Room - The wall mounted fluorescent light fixture has no light tubes installed. k. Corridor Outside the Med Room - The ceiling mounted light fixture is missing its light bulb. l. Corridor - The light fixture near room #14 is not working.	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2016
NAME OF PROVIDER OR SUPPLIER PARKTON PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1165 WEST PARKTON TOBEMORY RD PARKTON, NC 28371		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 9 m. Corridor - The wall mounted fluorescent light light fixture near room #8 has no tubes. n. Kitchen Water Heater Closet - The water heater is missing the protective covers for the electrical wiring connections to the water heating elements. o. Kitchen - The ceiling mounted 2 tube fluorescent light fixture is not working. p. Soiled Linen/Hopper Room - The ceiling has exposed electrical wiring for three ceiling mounted electrical devices that have been removed. 3. Based on observation the building plumbing equipment is not maintained in a safe and operating condition. Findings on 08/10/2016: a. Room #4 - The sink in the resident bathroom is has a cracked base with sharp edges. b. Bath #9 - There is no shower head in the shower stall. c. Bath #4 - The tub has no faucet, no water control valve or shower head.	C 189		
C 197	General Lighting SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (f) In addition to the required emergency lighting, minimum lighting shall be as follows: (1) 30 foot-candle power for reading; (2) 10 foot-candle power for general lighting; and	C 197		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2016
NAME OF PROVIDER OR SUPPLIER PARKTON PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1165 WEST PARKTON TOBEMORY RD PARKTON, NC 28371		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 197	Continued From page 10 (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility did not meet the minimum illumination requirement in an corridor area of the building. Finding on 08/10/2016: a. Corridor Outside the Med Room - The immediate area is dark due to lack of illumination.	C 197		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility did not provide exhaust in the required rooms. Findings on 08/10/2016: a. Room #2 - The resident bathroom exhaust fan	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2016
NAME OF PROVIDER OR SUPPLIER PARKTON PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1165 WEST PARKTON TOBEMORY RD PARKTON, NC 28371		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 199	Continued From page 11 is not working b. Room #4 - The resident bathroom exhaust fan is not working c. Room #30 - The resident bathroom exhaust fan is not working.	C 199		